## PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004

Application or Docket Number

10/532004

| CLAIMS AS FILED - PART I                                                 |                                                                                                                                                                                                                                                                                                                                                                                                              |                                                 |                                                                  |                                   |                     |                              |     |         | SMALL ENTITY |                        |               | OTHER THAN          |                        |
|--------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|------------------------------------------------------------------|-----------------------------------|---------------------|------------------------------|-----|---------|--------------|------------------------|---------------|---------------------|------------------------|
| (Column 1) (Calumn 2)                                                    |                                                                                                                                                                                                                                                                                                                                                                                                              |                                                 |                                                                  |                                   |                     |                              | 2)  |         | TYPE         |                        | OR            | SMALL ENTITY        |                        |
| U.S. NATIONAL STAGE FEES                                                 |                                                                                                                                                                                                                                                                                                                                                                                                              |                                                 |                                                                  |                                   |                     |                              |     |         | RATE         | FEE                    |               | RATE                | FEE                    |
| BASIC FEE                                                                |                                                                                                                                                                                                                                                                                                                                                                                                              |                                                 | SMALL ENT. = \$ 150                                              |                                   | LARG                | LARGE ENT. = \$ 300          |     |         | BASIC FEE    |                        | OR            | BASIC FEE           | 300                    |
| EXA                                                                      | MINATION FE                                                                                                                                                                                                                                                                                                                                                                                                  | E                                               | Satisfies PCT Article 33(1)-<br>(4) = \$50/\$100                 |                                   |                     | her situation<br>100/\$20    |     |         | EXAM. FEE    |                        |               | EXAM. FEE           | 200                    |
| SEARCH FEE                                                               |                                                                                                                                                                                                                                                                                                                                                                                                              |                                                 | U.S. is ISA = \$50/\$100<br>ALL other countries =<br>\$200/\$400 |                                   |                     | her situation<br>250 / \$ 50 |     |         | SEARCH FEE   |                        |               | SEARCH FEE          | 400                    |
| FEE FOR EXTRA SPEC. PGS.                                                 |                                                                                                                                                                                                                                                                                                                                                                                                              |                                                 | minu                                                             | us 100 =                          |                     | / 50 =                       |     |         | X \$ 125 =   |                        |               | X \$ 250 =          |                        |
| TOTAL CHARGEABLE CLAIMS                                                  |                                                                                                                                                                                                                                                                                                                                                                                                              |                                                 | 13, mir                                                          | nus 20 =                          | •                   |                              |     |         | X \$ 25 =    |                        | OR            | X \$ 50 =           |                        |
| INDEPENDENT CLAIMS                                                       |                                                                                                                                                                                                                                                                                                                                                                                                              |                                                 | 4 m                                                              | inus 3 =                          | ٠                   | )                            |     | ı       | X \$ 100 =   |                        | OR            | X \$ 200 =          | 300)                   |
| MUL                                                                      | TIPLE DEPEN                                                                                                                                                                                                                                                                                                                                                                                                  | DENT CLAIM PRE                                  | ESENT                                                            |                                   |                     |                              |     | ı       | + \$ 180 =   |                        | OR            | + \$ 360 =          |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2 |                                                                                                                                                                                                                                                                                                                                                                                                              |                                                 |                                                                  |                                   |                     |                              |     | Ī       | TOTAL        |                        | OR            | TOTAL               | 1100                   |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)             |                                                                                                                                                                                                                                                                                                                                                                                                              |                                                 |                                                                  |                                   |                     | mn 3)                        | _   | SMALL E | NTITY        | OR                     | OTHER SMALL E |                     |                        |
| AMENDMENT A                                                              | 4-19-05                                                                                                                                                                                                                                                                                                                                                                                                      | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT       |                                                                  | HIGH<br>NUMI<br>PREVIO<br>PAID    | BER                 | PRES<br>EXT                  | _   |         | RATE         | ADDI-<br>TIONAL<br>FEE |               | RATE                | ADDI-<br>TIONAL<br>FEE |
|                                                                          | Total                                                                                                                                                                                                                                                                                                                                                                                                        | : 1 <i>3</i>                                    | Minus                                                            | - 2                               | 0                   | * C                          |     |         | X \$ 25 =    |                        | OR            | X \$ 50 =           |                        |
|                                                                          | Independent                                                                                                                                                                                                                                                                                                                                                                                                  | • 4                                             | Minus                                                            | L                                 | <u> </u>            | <u>-</u>                     |     | L       | X \$ 100 =   |                        | OR            | X \$ 200 =/         |                        |
|                                                                          | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                                                                                                                                                                                                                                                                                                                                               |                                                 |                                                                  |                                   |                     |                              |     | L       | + \$ 180 =   |                        | OR            | +\$360=             |                        |
|                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                              |                                                 |                                                                  |                                   |                     |                              |     |         | FEE          |                        | OR            | TOTAL ADDIT.<br>FEE |                        |
| (Column 1) (Column 2) (Column 3)                                         |                                                                                                                                                                                                                                                                                                                                                                                                              |                                                 |                                                                  |                                   |                     |                              |     |         |              |                        |               |                     |                        |
| o                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                              | (Column 1)  CLAIMS  REMAINING  AFTER  AMENDMENT |                                                                  | HIGHI<br>NUME<br>PREVIO<br>PAID I | EST<br>BER<br>NUSLY | PRES<br>EXT                  | ENT |         | RATE         | ADDI-<br>TIONAL<br>FEE |               | RATE                | ADDI-<br>TIONAL<br>FEE |
|                                                                          | Total                                                                                                                                                                                                                                                                                                                                                                                                        | •                                               | Minus                                                            | **                                |                     | =                            |     |         | X \$ 25 =    |                        | OR            | X \$ 50 =           |                        |
| 3 I                                                                      | Independent                                                                                                                                                                                                                                                                                                                                                                                                  | •                                               | Minus                                                            | ***                               |                     | <b>-</b>                     |     |         | X \$ 100 =   |                        | OR            | X \$ 200 =          |                        |
| '                                                                        | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                                                                                                                                                                                                                                                                                                                                               |                                                 |                                                                  |                                   |                     |                              | ]   | L       | + \$ 180 =   |                        | OR            | + \$ 360 =          |                        |
|                                                                          | -                                                                                                                                                                                                                                                                                                                                                                                                            |                                                 |                                                                  |                                   |                     |                              |     | ٦       | FEE          |                        | OR            | FEE                 |                        |
| **                                                                       | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |                                                 |                                                                  |                                   |                     |                              |     |         |              |                        |               |                     |                        |